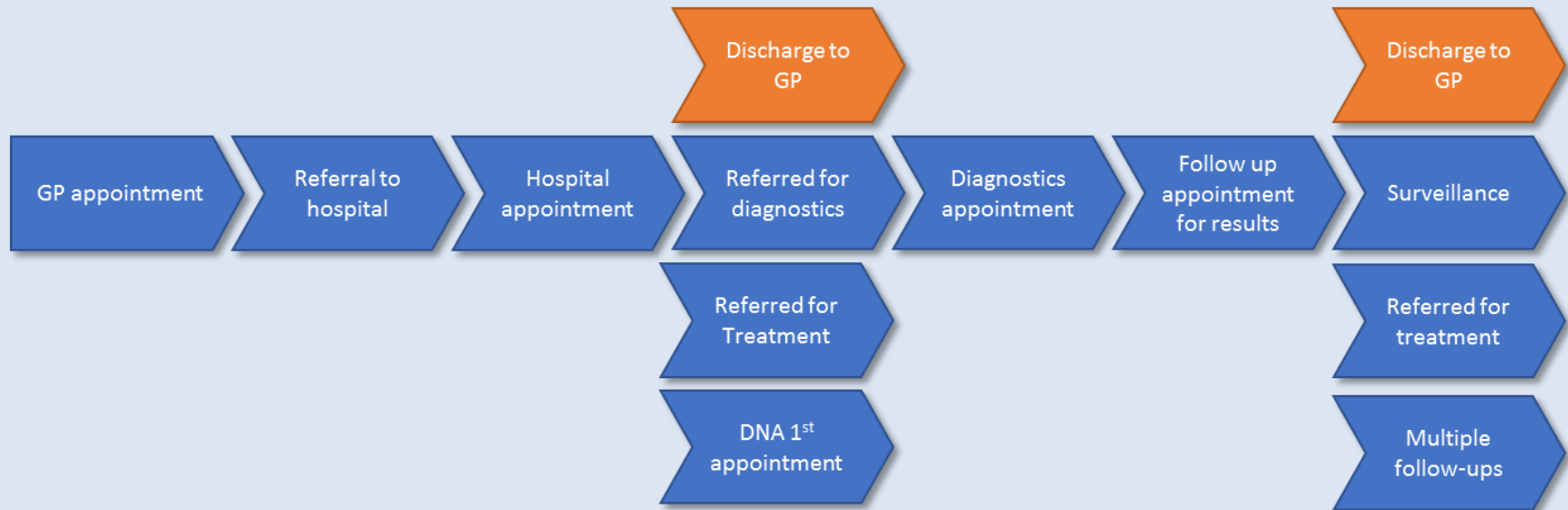


Calderdale Health & Wellbeing Board  
20<sup>th</sup> June 2019

## Current Pathway



### Background

- In 2017/18 there were 351,400 outpatient attendances at CHFT clinics
- Health watch survey - 95% appointments should be offer in different ways
- Changes could release time , enable reduced waiting times, reduce reliance on bank/ agency staff
- NHS Long Term Plan supports ambition to reduce traditional appointment by a third

## The case for change

### Traditional outpatient provision is under increasing strain



Growing demand for outpatient services 158,512 referrals in last 12 months



Constrained clinician capacity  
90 vacant medical posts (14%)



Increasing wait times  
and appointment slot  
issues



Predominantly face to face  
appointments with Clinicians.  
100% of first and 99.6% of follow  
up appointments



#### Other impacts

Patients cancelling late, arriving late or failing to attend delays their own care and that of others. The NHS incurs cost whether or not the patient attends costs the health economy money. Clinics cannot be run efficiently and additional capacity to cope with backlogs comes at a premium cost.

### This is leading to less than ideal patient experiences



Delays in getting an  
appointment and/or waiting in  
the hospital for late running  
clinics



Some appointments viewed as unnecessary  
or where a non-face to face appointment  
would have been better

### Multiple visits to hospital



Stress of  
visiting a  
hospital



Moving frail or  
vulnerable patients out  
of familiar surroundings



Time off work for  
both patients and  
carers

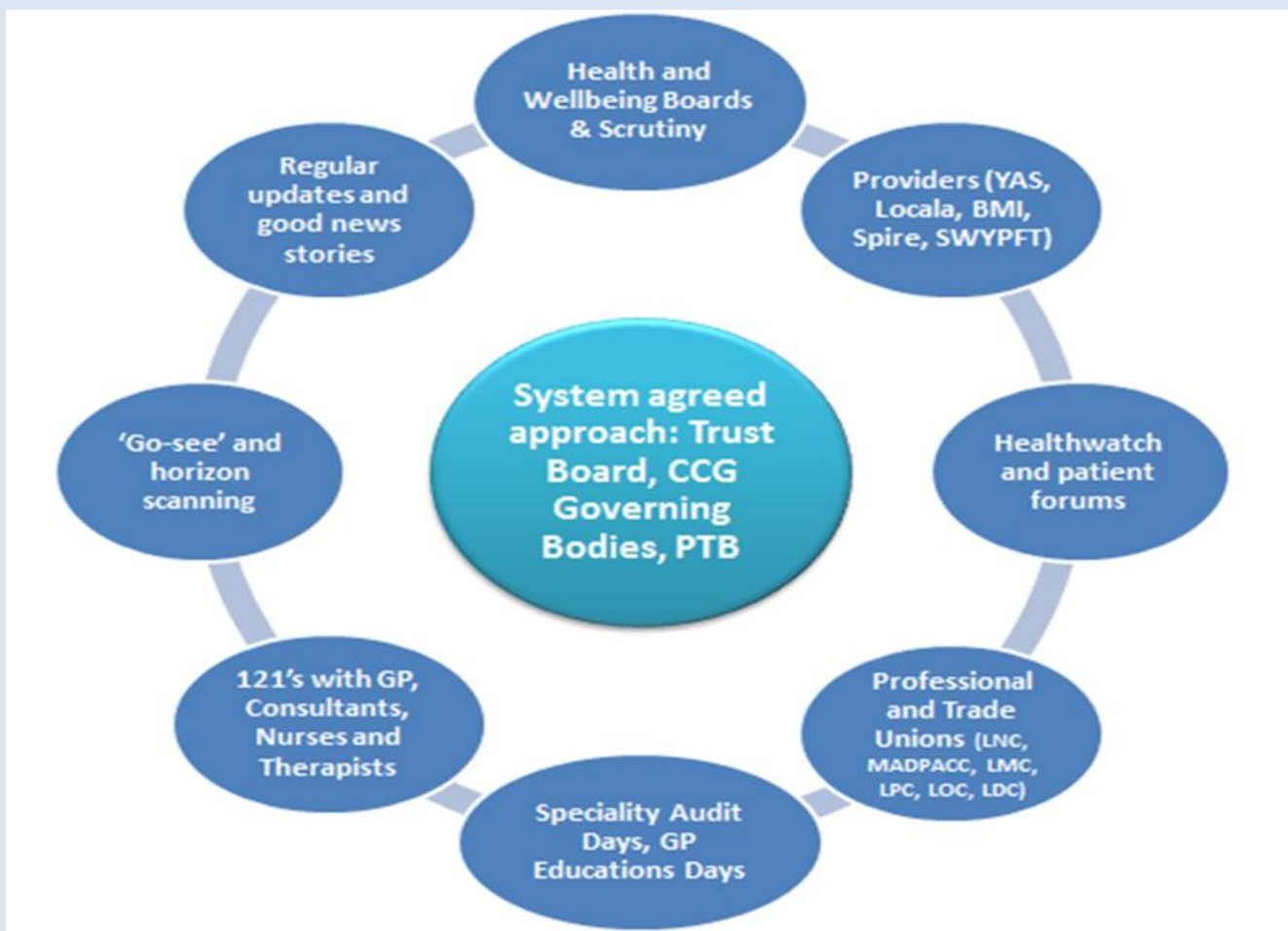


Cost of transport,  
parking, childcare etc



Disruption to life:  
having to arrange child care cover etc.

# Engagement Strategy



## New Models

How can we improve.....

### Avoid unnecessary referrals



Improve referrals  
/ triage



Improve access to advice  
and guidance: Healthcare  
professionals and Patients

### Increased use of technology



Telephone Clinics:  
where 'no hands on'  
is required  
Test results



Virtual Patients  
Consultation : Where  
face to face can be  
done through  
video links



Virtual Review/Apps:  
Of patients  
information inc  
diagnostics

### Reducing the number of appointments



One Stop Shop  
Appointment  
includes  
diagnostics and  
treatment plan



Patients Initiated Follow Up's PIFU:  
Patients generate an appointment  
opposed to calendar appointments

### Deliver care in the most appropriate setting












Nurse led Clinics:  
Specialist nurse led clinics



Services in Community Settings:  
Access to diagnostics / Community Clinics/  
Promote Self Care/ Self management



Outcome Key	Avoid unnecessary referrals		Increased use of technology			Reducing the number of appointments		Deliver care in the most	
	Improve referrals / triage 	Advice and Guidance 	Phone clinics 	Virtual Patients Consultation 	Virtual Review 	One Stop Shop 	PIFU 	Nurse led Clinics 	Service: primary care 
IDEA	Cardiology: Review of Choose & Book referrals -	Neurology: Consultant lead headache pathway. Support referrals with better advice and guidance around MRI scanning reports	Cardiology: Nurse Led post MI patients clinic	General medicine: Stroke follow ups through digital methodology	General Surgery: virtual clinic review for colorectal follow-ups	Ophthalmology: One Stop Cataract Clinic (remapping pathway completely)	Dermatology: Patients initiated follow up appointments (resolution to Open appts)	Cardiology Arrhythmia Clinic	Vascular: Enhancement of ABPI service in Community
Scoping	Ophthalmology: Paediatric, orthoptist and optometry triage & Emergency Triage	Paediatrics: Development of cross health and social care information portal	Respiratory: Telephone Consultations for Asthma, COPD, Bronchiectomy patients	Paediatrics: virtual patient consultation inc epilepsy	Respiratory: Review by MDT of Nodule patients Telephone follow up.	Cardiology: Chest pain clinic remodelled.	Diabetes: Patients initiated follow ups	Cardiology: Further expansion of the Arrhythmia service	Diabetes: Support improved level of management in primary care (L3 to L4 model)
GW1	Ophthalmology: Expand triage into all other areas		Gastroenterology: Phone follow ups for Hep C pts (Leeds model)	Haematology: Monthly review of Myeloma patients offered phone consultation	Vascular: Nurse led Virtual Follow up clinics post MDT	Urology: One stop model for Prostate Cancer		ENT: Advanced Nurse Practitioner Nurse led T2 Clinic (currently on hold due to recruitment problems)	Cardiology: 7 day tapes in primary care
GW2	Respiratory: Triage Electronic referrals.		Diabetes: Further roll-out of telephone follow ups	Diabetes: VPC for adolescent pts	Cardiology: Virtual MDT Clinic for post pacemaker management	Cardiology: One Stop Arrhythmia Clinic /		Ophthalmology: Delivery of intravitreal injections by nurse specialist	Vascular: Lymphoedema pathway
	Diabetes: Development of referral pathways supported by triage		General Surgery: Telephone clinics for annual follow ups with Stoma patients to reduce face to face appointments		Diabetes: Digital Innovation in the GDM Clinic	General Surgery: Straight to test for colorectal patients (Lower GI)		Gastroenterology: Nurse led clinic slots	
	Dermatology: Digital imaging of referrals for triage		Gyne: Telephone follow ups with patients to reduce face to face appointments. Reduce clinics to match activity			Gastroenterology: straight to test		Ophthalmology: Glaucoma Virtual Clinic Increased use of optometrists	
	Urology: Clinical triage on all referrals		Lipid Clinic: patients phone consultation for FU's			Vascular: One stop varicose vein clinic and medical triage		ENT: Audiology led clinic slots for grommets and tinnitus	
	Vascular: Developing referral pathways into vascular services/ leg pain								

## One year on.....

- System wide governance
- Portfolio of models & concepts
- 18/19 Positively impacted on 8k patients
- 19/20 plans - 26k appointments
- Enabler for other efficiencies such as ASI's/ bank/ agency
- Maximise digital opportunity
- Primary/ secondary care pathways in pilot
- Strong clinical buy-in
- Patient experience
- Learning from pilots
- EQIA
- Sharing Experience
  - Communications - videos & posters, webpage
  - NHSI Conference
  - Linked with other organisations nationally
  - Transformation & HSJ Awards